Conclusion: This case is an interesting demonstration of how fistulating Crohn's disease occurs regardless of the perianal tissue structure. In addition, reconstructive surgery does not guarantee a cure and patients considering such options should be alerted to this fact.

0362: AN UNUSUAL CASE OF HAEMATEMESIS

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Introduction: Haemobilia from cholecystitis is rare. It is even more uncommon for this to present with upper gastrointestinal (UGI) haemorrhage, with only four reported cases in the literature. There is one reported case of complete disintegration of the gallbladder presenting with haemoperitoneum.
We report a unique case of severe cholecystitis, which presented and was treated as UGI bleed, before progressing to massive haemoperitoneum.
Case study: A 72-year-old male presented with a three-week history of epigastric pain and three episodes of acute UGI bleed. Urgent endoscopy demonstrated apparent duodenal ulcer, which was injected with adrenaline. In the following 36 h the patient deteriorated into refractory shock, necessitating emergency laparotomy.
At operation there was an inflammatory mass surrounding the duodenum and biliary tree. Exact anatomy and the gallbladder were not identifiable. An arterial bleed within this area was addressed, stabilising the patient. Postoperative recovery was further complicated by biliary leak.
Conclusion: This case demonstrates an incredibly rare complication of cholecystitis. Blood around the ampulla of vater at endoscopy should prompt further investigation of the biliary and arterial trees. Diagnosis is more difficult in the absence of haemobilia and can easily be mistaken for duodenal ulceration.

0457: CASE STUDY: CONGENITAL SYNGNATHIA

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Introduction: Syngnathia is the congential fusion of the maxilla and mandible by bony and membranous connections.
Case study: A child with bony and membranous syngnathia is presented, born at term at Queen Elizabeth's hospital, Blantyre, Malawi. Following birth it was noted there was lack of opening between the maxilla and mandible and thus the child was unable to breastfeed from the 18-year-old primiparous mother. There was no history of previous congenital abnormality in either family. CT scanning indicated bilateral bony fusion in the molar region and membranous fusion alone more anteriorly; a pinhole-sized passage was noted on CT scan. A probe was passed into the oral cavity, eventually allowing passage of a nasogastric tube to allow feeding for the first stages of life. At two months the mucosa was separated and an osteotomy was performed posteriorly, with dressing pack placed between the molars to prevent mucosal re-fusion. Ventilation was via tracheostomy.
Conclusion: One week post-operatively, the patient was able to suckle and the tracheostomy tube was removed. Despite aggressive physiotherapy the patient required a further two osteotomies in an effort to allow weaning. Surgical management of this patient is presented.

0480: AN INTERESTING CASE OF AN ADULT WITH PERINEAL TESTIS PRESENTING WITH RECTAL SYMPTOMS

A. Gumber*, S. Singh, M. Elsharif, G. Kaur. *Scunthorpe General Hospital, UK*

Introduction: A 49-year-old gentleman presented to colorectal surgery clinic with rectal pain and spasms lasting 30 minutes after ejaculation. He denied any other colorectal symptoms.
Case study: Preliminary investigations & clinical examination were unremarkable. On examination under anaesthesia interestingly we found a fixed left perineal testis and empty left hemiscrotum. This clearly explained the cause of his unusual symptoms.
Perineal testis is a very rare condition with a limited number of cases reported in the literature. All of these are due to congenital maldescedance in the young children.
Conclusion: We are reporting a very interesting case of Perineal testis in a young adult with an unusal presentation, which highlights the importance of scrotal examination in patients presenting with similar symptoms.

0511: A SERIES OF UNUSUAL CHILDHOOD PRESENTATIONS OF ABDOMINAL NON-HODGKIN'S LYMPHOMA

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Introduction: Non-Hodgkin's Lymphoma [NHL] is a relatively common childhood cancer, which can present in a myriad of ways. Paediatric surgeons, as the first port of call in children with abdominal complaints, must be aware of this disease in their assessment of the child with significant unexplained disease presentations, especially prolonged or unresolving. This case series highlights some unusual presentations of paediatric NHL.
Case study: We describe three acute presentations of abdominal NHL. The first is a child with a history of intussusception presenting with an acute abdomen and initial imaging suspicious for recurrence. The second child, also presenting with an acute abdomen had what appeared to be an appendiceal abcess. While the third child presented with unilateral lower limb oedema and a small bowel mass believed to be a viral inflammatory response. All three patients were subsequently diagnosed with abdominal NHL.
Conclusion: This case series illustrates the array of presentations of abdominal NHL and the diagnostic challenges that these diseases can provide. The clinical signs and symptoms of children with NHL demonstrate tremendous variability and therefore the open-minded care of paediatric patients with abdominal symptoms is imperative so that the diagnosis of these dangerous and potentially fatal neoplasms is not delayed.

0526: A BODYBUILDER WITH AN UNUSUAL PROBLEM; MASSIVE TRANSVAGINAL SMALL BOWEL EVISCERATION

M. Venn*, A. Myers. *The Hillingdon Hospitals NHS Foundation Trust, UK*

Introduction: Transvaginal evisceration of the small bowel is an uncommon surgical emergency with fewer than one hundred cases reported; nearly two thirds follow transvaginal hysterectomy and one third follow transabdominal hysterectomy. The precipitating factor is frequently sexual intercourse.
Case Study: A 51-year-old female professional bodybuilder presented with multiple small bowel loops extruding from the vagina following intercourse. Twenty-three months previously she had a total abdominal hysterectomy for fibroids. Other previous surgeries included umbilical and upper midline hernia repairs and breast augmentations. She used a cocktail of performance-enhancing drugs including anabolic steroids and testosterone and had no menses for twenty years while weight training. The patient complained of acute severe lower abdominal pain with no significant bleeding. In the Emergency Department she became shocked and was transferred to theatre where she underwent a laparotomy, transvaginal reduction of the small bowel -which was viable, and closure of the vaginal vault. Post-operatively she made excellent progress, resuming bowel function and walking out of the hospital by thirty-six hours.
Conclusion: Risk factors included total abdominal hysterectomy and increased intra-abdominal pressure due to bodybuilding. Her rapid clinical deterioration as bowel risked strangulating validates the need for expedited surgical intervention following detection of any evisceration particularly when very large.

Posters: Collaborative Research and Audit

0035: MOVING TOWARDS 24 H DISCHARGE FOLLOWING BARIATRIC SURGERY: ROOM FOR IMPROVEMENT

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Aim: Minimized post-operative, inpatient stay improves patient satisfaction and hospital efficiency. Discharge within 24hrs of bariatric surgery has previously been shown as safe and introduced as a target at our centre. We review current practice and areas for improvement.

Methods: Patients (>18 yrs) undergoing sleeve gastrectomy or Roux-en-Y gastric bypass during 2013 at a single centre [N=124; F=71, M=53]. A retrospective review of electronic patient records. Primary outcome was successful discharge <24 h of leaving theatre recovery. Patient, operative and peri-operative details were anaylsed to identify factors associated with failed discharge. Significance was set at $p<0.05$.
Results: 17/124 (13.7%) of patients were discharged within 24hrs. Co-morbidities (%Successful/%Failed groups), OSA (20/9, p=0.09), Asthma (0/100, p=0.09) and Diabetes (11/85, p=0.5), and additional operative events (hernia repair/cholecystectomy/adhesiolysis) (0/100, p=0.08) were not significantly associated with discharge. Successful discharge was more likely from Level 2 (27%/Total) than Level 1 care (12%/Total). Time to pharmacy conversion of medication to bariatric compatible medication was not associated, but time to prescription of discharge medication was (p=0.02).
Conclusion: Few patients are meeting current discharge targets. Efforts to improve this could include increasing staff awareness of the target, quicker preparation of discharge medication and recognition of high-risk groups/wards.

0063: IMPROVING STANDARDS OF OPERATIVE NOTE KEEPING IN PLASTIC SURGERY: A CLOSED LOOP AUDIT

R. Rajamanohara*, L. Murphy, P. Stephens. *Oxford School of Surgery, UK*

Aim: The importance of operative note recording is a vital part of communication between the multidisciplinary workforce to uphold the highest standard in patient safety and follow up. This audit compared current practice in a plastic surgery unit with standards from the Royal College of Surgeons of England, Good Surgical Practice (2008).
Methods: Data was collected prospectively from 50 consecutive operative notes between November 2013 and December 2013, and audited against the guideline . After the intervention of an educational presentation, and a poster, a subsequent re-audit was carried out between March 2014 and April 2014 of a further 50 consecutive operative notes.
Results: The results from the initial audit cycle demonstrated much room for improvement when compared with the Royal College of Surgeons guidelines. After the introduction of the intervention, there was notable improvement in 9 of the 16 criteria audited and an increase in total data recorded from 65.1% to 74.1% (p= 0.0359).
Conclusion: This audit objectively demonstrates that operative note recording standards can be significantly improved by education and complementary aide-memoirs. Despite this, there is still scope for further development and the answer may lie in implementing a universal proforma or operative note computer programme.

0094: THE TRAUMA PROFORMA: A COMPLIANCE, EFFICIENCY AND DOCUMENTATION TOOL

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Aim: Accurate and comprehensive documentation is an essential component of good surgical practice, particularly when a patient first presents for review. This audit examines the standard of surgical documentation prior to and following the implementation of a trauma proforma in a busy regional plastic surgery unit.
Methods: The admission documents for 40 patients were retrospectively reviewed and compared to the standards recommended by the GMC and royal colleges. Following implementation of the trauma proforma, a further 40 were reviewed.
Results: Key demographic data and significant elements of the patient history were omitted in pre-proforma surgical clerkings. Following implementation, the proforma increased documentation compliance (range 2.6–277.8%), particularly with regards to specialist history elements. Physical form completion time was also significantly reduced.
Conclusion: Trauma proformas serve an important role in improving the quality of documentation, in addition to acting as an aide-memoir and efficiency tool. In an era of increasing pressures, litigation and financial penalties, they are likely to have an increasing role in patient management and in the streamlining and digitalisation of services.

0143: GENERATING FINANCIAL INCOME FOLLOWING IMPROVEMENTS IN CLERICAL AMBIGUITY: AN AUDIT OF BEST PRACTICE TARIFFS WITHIN AN ORTHOPAEDIC DEPARTMENT

A. Abdullah*, J. Gray. *Luton and Dunstable Hospital, UK*

Aim: Best Practice Tariffs (BPTs) is a government scheme, which aims to reduce unexplained variation in clinical quality. This is associated with a financial incentive of £250 per case. A retrospective audit was conducted assessing the orthopaedic department's compliance to the guidance associated with the BPTs.
Methods: Patient details of all upper-limb orthopaedic cases eligible for BPT were provided from the financial department over a 3-month period. Clerical notes for those eligible that did not achieve BPT were evaluated retrospectively. Results showed clerical ambiguity by clinicians in registering a patient for an operation to be the main cause for failing to achieve BPT incentives. Using existing hospital software (ICE®), an on-line electrical registration form was activated for each patient registered for surgery. Patents achieving BPT in the following 3 months were re-audited following the intervention.
Results: 64% of patients failed to achieve BPT, prior to intervention. 50% of which were due clerical errors. Following intervention only 29% of patients failed to achieve BPT with a 10% clerical error. Following intervention there has been a 45% improvement in achieving BPTs, saving £2000.
Conclusion: Small changes in clerical methods contribute greatly to departmental financial income, without any change to clinical practice.

0156: IMPROVING ACCESSIBILITY OF SURGICAL GUIDELINES AND PROTOCOLS AT THE GREAT WESTERN HOSPITAL, SWINDON

I. Robertson*, A. Smith. *Great Western Hospital, UK*

Aim: Timely access to surgical guidelines and protocols is essential to standardise best practice across the trust. Lack of organisational structure leads to time wasted locating information and ultimately potentially compromises patient safety. We aimed to consolidate all surgical guidelines into a single point of access.
Methods: We surveyed 55 junior doctors, 40% spent greater than 5 minutes to locate a protocol and 38% unable to locate some relevant documents at all. 56% felt significantly affected by the poor availability of trust documents and 100% felt improvement in access would increase ability to work effectively. All surgical guidelines and protocols currently were collated, consolidated, renamed and alphabetised according to content. Existing links were then uploaded and a single trust intranet webpage and publicised trust wide.
Results: 97% of respondents had made use of the page. All protocols were located during re-testing with 90% of those resurveyed stating it was easier to locate information. Overall, a reduction in the time to locate protocols was demonstrated: Mean time 15 s vs 60 s pre-intervention ($n = 30$). 53% of guidelines located in < 30 s and 86% < 2 min.
Conclusion: Implementation of a consolidated repository for trust guidelines and policies, saves time, money, and improves patient safety.

0206: A COMPLETE AUDIT CYCLE OF THE SURGICAL WEEKEND HANDOVER

K. Davies*, A. Asher, R. Morgan. *Glan Clwyd Hospital, UK*

Aim: To determine if the surgical teams in a DGH followed the RCS guidelines 'safe handover' (2007) & to improve the efficiency of the weekend surgical oncall team.
Methods: Retrospective complete audit cycle of the surgical teams' handover sheets provided for the weekend surgical on call team. A standardised handover template and colour coded 'traffic light' system of urgency was introduced between cycles.